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STATE OF CALIFORNIA - OFFICE OF ENVIRONM	MENTAL HEALT	H HAZARD ASSESSMI	EN.
TRAVELEXPENSE CLAIM			
STD 2624 (BEV 5/00)	9 9 8	2	

STD 262A ((REV. 5/09)		*		•		28	15			Page 1	of 1	Pages		
CLAIMANT'S NAME						SSN OR EMPLOYEE NUMBER				DEPARTMENT					
Joan E. Denton, Ph.D.						•				ОЕННА					
POSITION			CB/ID NUMB		DIVISION OR BUREAU			3000	INDEX NUMBER						
Director			N/R		Executive Office HEADQUARTERS ADDRESS			<u> </u>	1000 TELEPHONE NUMBER						
e Martin	ork Addre	No.	1001 I Street (916) 322-6325												
CITY	81	M		ZIP CODE		CITY					STATE ZIP CODE				
Sacrame	:	T	CA (4)	95814 (5)		Sacram	C4304				CA	3,044 M	95814		
(1) MONTH/YEAR (3) July 09 LOCATION				MEALS	O.T.L/T,	(6)	(7) (A)	(B)	(C)	PORTATION (D)		(8)	(9)		
(2)		WHERE EXPENSES	LODGING	900 ST-974 074 1900	E S		INCIDEN-	90 OF 02		CARFARE.	190 1030/903	IVATE	BUSINESS	TOTAL	
DATE	TIME	WERE INCURRED		BREAK- FAST	LUNCH	OR DINNER	TALS	COST OF TRANS.	TYPE USED	TOLLS, -PARKING	MILES	R USE AMT	EXPENSE	EXPENSES FOR DAY	
DATE	TIME						100 - 100 -								
7/27	5:00	Sacramento, CA to DC	215.37	6.00	10.00	18.00			A/B	2.10			1.00	252.47	
1121	3.00	Dadramento, Ortio Do	2.0.07	0.00		, , , , ,			el 5						
7/28	22:56	DC to Sacramento, CA		6.00	10.00	14.23	6.00		A/T	17.00			8-	53.23	
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	SUBTOTAL	.s	215.37	12.00	20.00	32.23	6.00	0.00	0.00	19.10	0.0	0.00	1.00	305.70	
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7/27-	7/28/09 1	To Washington, DC to meet	with Gro	cery Man	uracture	r's Asso	ciation (on the Pro	opositioi	n 65 drai	t 1000 W	arning reg	ulation.		
2.0		1 20	120			Mila			65	8 2					
(12) NORM.	AL WORK HO	DURS					ACEN	CY ACCO	UNTING (SEEICE III	SE ONLY	常们在性 扩展			
0800 - 17	Contract Con	· .	Land Property Co.		eneman Terresidas		AGEN L. J.	OI AGGO			L	t stop o	il or the state of the forest		
(13) PRIVA	TE VEHICLE	LICENSE NO		8					•					05	
(14) MILEA	GE RATE CL	AIMED								8.5					
	200			9	255				14						
	AGE	NCY ACCOUNTING				W MS	:- *						3 4 5		
DAT		FFICE USE ONLY LVING FUND CHECK NUMBER								11.612					
I Au	L DI KEVUI		£							•9			6. 3*		
(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used,															
and if mileage rates exceed the minimum rate. I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by															
SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage. CLAIMANT'S SIGNATURE DATE DATE (16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT DATE															
				8/27	109								*	•	
(11) SPECIA	AL EXPENSE	AUTHORIZATION - SIGNATURE and TI	TLE (See Iter	n 17 on reverse	~ <u>{</u>								DATE		
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